0874

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00850

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valley Lee
HOSPITAL OR INSTITUTION OR STREET ADDRESS X
MARYLAND
LENGTH OF STAY (in this place) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valley Lee
STREET ADDRESS X (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ernest (Middle) (Last) Briscoe

4. DATE OF DEATH: (Month) Jan. (Day) 5 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	C	Single	Dec. 18, 1888	65	—	18		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Labor	Farm Labor	Maryland	U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	—	—	George W Briscoe Valley Lee, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
331 X Immediate cause	(a) Cerebral Hemorrhage	10 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertension	10 years
	DUE TO (c) Generalized Arteriosclerosis	10 years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 19 54, to Jan 5, 19 54, that I last saw the deceased alive on Jan 5, 19 54, and that death occurred at 4:1 P.M., from the causes and on the date stated above.

SIGNATURE Wm H. Patrick (Degree or title) M.D. ADDRESS Lexington Park Md. DATE SIGNED 1-5-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan-8-54	St Mark's	Valley Lee St Mary's Md

DATE REC'D BY LOCAL REGISTRAR 1/6/54 REGISTRAR'S SIGNATURE Glen D. Hance M.D.

24. FUNERAL DIRECTOR Jos. C. Mattingley ADDRESS Leonardtown Md

RECEIVED
JAN 8 1954
BUREAU V. S.

0875

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00851

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information called for. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural give location) R.F.D. #1

3. NAME OF DECEASED: (First) Hannah (Middle) Elizabeth (Last) Brown
4. DATE OF DEATH: (Month) Jan (Day) 24 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug 11-1870
9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months 5, Days 14 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Richard Abell
14. MOTHER'S MAIDEN NAME: Cecelia Mattingley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: J. Richley Brown Leonardtown Md

18. MEDICAL CERTIFICATION — R.F.D. #1

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause 170X — (a) Metastatic carcinoma of breast to — DUE TO
Antecedent causes (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) vertebrae and ribs. — DUE TO
(c)
Interval Between Onset And Death: 4 Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1 March 1950
19b. MAJOR FINDINGS OF OPERATION: carcinoma of breast
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952 to Jan 24, 1954, that I last saw the deceased alive on Jan 21, 1954, and that death occurred at 2.55 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] MD — Great Mills Md — 1/25/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 1-27-1954 — NAME OF CEMETERY OR CREMATORY St Johns — LOCATION (City, town, or county) (State) Holly Wood St Mary's Md
DATE REC'D BY LOCAL REGISTRAR Jan 25/54 — REGISTRAR'S SIGNATURE [signature] MD (Local registrar)
24. FUNERAL DIRECTOR ADDRESS: Jos C. Mattingley Leonardtown Md

VS. A15

RECEIVED
JAN 27 1954
BUREAU V. S.

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00852

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY St. Mary's County, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN California X
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS (None) X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN California X
STREET ADDRESS (If rural, give location) (None)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Janice	Theresa	Chase	January 31st, 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Single	14 Dec.,1953	0 yrs.	1	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Raymond E. Chase	Elizabeth Toney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No None	None	Raymond E. Chase, father, California, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
492X Immediate cause	(a) Pneumonia	2 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pulmonary Edema.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	—	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none	none	—	—	—

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
none m.	none	none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]		Leonardtown, Md.	1/31/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1 Feb.,1954	Holy Face Cemetery	Great Mills, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-1-54	Wm. D. Hamm M.D.	P.B.Robinson, Leonardtown, Maryland,	

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00853

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown X
LENGTH OF STAY (in this place) 3 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly Wood X
STREET ADDRESS (If rural give location) R. F.D. # 1

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Joseph (Last) Kirk

4. DATE OF DEATH: (Month) Jan (Day) 24 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Aug 21 1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months 5 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired Machinist
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland Cumberland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Kirk
14. MOTHER'S MAIDEN NAME: Agnes Hershberger

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 578-40-9594
17. INFORMANT & ADDRESS: Miss Rose Lee Kirk Holly Wood Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

Immediate cause (a) Metastatic carcinoma of pancreas — Interval Between Onset And Death 2 month

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURED While at Work ☐ Not While at Work ☐ none
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Jan 3, 1954, to Jan 24, 1954, that I last saw the deceased alive on Jan 24, 1954, and that death occurred at 3:10 P.M. from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) [signature] ADDRESS Leigh Park Md DATE SIGNED 1/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan 27-54
NAME OF CEMETERY OR CREMATORY St John's
LOCATION (City, town, or county) (State) Holly Wood St Mary's Md

DATE REC'D BY LOCAL REGISTRAR Jan 25/54
REGISTRAR'S SIGNATURE [signature] Local Registrar
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 27 1954
BUREAU V. S.

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00854

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY St Marys — STATE MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN Leonardtown — LENGTH OF STAY (in this place) 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY St Marys

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colton Point

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH:	(Month)	(Day)	(Year)
	Louis	A	Mattingly		Jan	26	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Oct 30 1893	60 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Waterman	Oysterman for self	Maryland St Mary's	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Oscar Mattingly	Elizabeth Goldsborough

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		219-16-2257	Mrs Mary E. Guy Clements Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Carcinoma, larynx with metastasis — 14 yrs.

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

161X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to Jan 26, 1954, that I last saw the deceased alive on 26 Jan, 1954, and that death occurred at 1:15 P.M. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Joseph E. Gelb, M.D		Leonardtown, Md	26 Jan. 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 29 1954	Sacred Heart	Bushwood, Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/28/54	Alex D. Houser, M.D.	Jos. C. Mattingly	Leonardtown Md

RECEIVED
FEB 1 1954
BUREAU V. S.

0873

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY ST. MARYS MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LEONARDTOWN X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ST. MARYS Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ST. MARYS
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HURRY X
STREET ADDRESS (If rural give location) RURAL

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ALICE GENEIEVE MILLS
4. DATE OF DEATH: (Month) (Day) (Year) 1-4-1954

5. SEX: F.
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 10-18-1912
9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John A. Thomas
14. MOTHER'S MAIDEN NAME: Josephine Carter

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Jos. A. Mills - Hurry, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 331 X (a) Cerebrovascular accident — Interval Between Onset And Death: 5 hrs

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertension — 5 year

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/4, 1954, to 1-5, 1954, that I last saw the deceased alive on 1-5, 1954, and that death occurred at 12:15 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] MD
ADDRESS Leonardtown
DATE SIGNED 1/6/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 1-7-54
NAME OF CEMETERY OR CREMATORY Sacred Heart
LOCATION (City, town, or county) (State) Bushwood, Md.

DATE REC'D BY LOCAL REGISTRAR 1-7-54
REGISTRAR'S SIGNATURE Hauser M.D.
24. FUNERAL DIRECTOR R.B. Robinson - Leonardtown
ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S

0880

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bushwood — LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bushwood
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mollie (Middle) C (Last) Regan

4. DATE OF DEATH: (Month) Jan (Day) 10 (Year) 1954

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married — 8. DATE OF BIRTH: Feb 29 1884 — 9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR: Months 10 Days 10 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Home — 11. BIRTHPLACE (State or foreign country): North Carolina — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dolph Harris — 14. MOTHER'S MAIDEN NAME: Frances Hoover

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: — — 17. INFORMANT & ADDRESS: Thomas Regan Bushwood, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
331X
Immediate cause (a) Cerebral Hemorrhage. — Interval Between Onset And Death: 3 days.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Apr. 1953, to 1 Jan 1954, that I last saw the deceased alive on 31 Dec 1953, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph E. Gill, M.D. — ADDRESS Leonardtown, Md — DATE SIGNED 1/10/54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan 13-54 — NAME OF CEMETERY OR CREMATORY St Aloysius — LOCATION (City, town, or county) (State) Chaptico, Md

DATE REC'D BY LOCAL REGISTRAR Jan 14, 1954 — REGISTRAR'S SIGNATURE Alan D. Housen M.D. — 24. FUNERAL DIRECTOR Jos. C. Mattingly — ADDRESS Ronaldstown Md

VS. A15

RECEIVED
JAN
BUREAU V. S

0881

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piney Point X
STREET ADDRESS (If rural give location) 35 Naval Housing

3. NAME OF DECEASED: (Type or Print) (First) BABY (Middle) GIRL (Last) REID

4. DATE OF DEATH: (Month) Jan (Day) 18 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 18 Jan 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min. 32

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Finley Reid

14. MOTHER'S MAIDEN NAME: Mary Margaret Smith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): / (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: U.S. Navy Files and mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.0
Immediate cause (a) Cerebral Anoxia — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Premature separation of placenta — 32 min.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 1235 (Degree or title) 18 Jan 54 from the causes and on the date stated above.

SIGNATURE W. D. Edgerton (ADDRESS) W. D. EDGERTON, LT MC USN, Infirmary, USNAS, Patuxent River, Md. (DATE SIGNED) 19 January 1954

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) BURIAL — DATE THEREOF 1-21-54 — NAME OF CEMETERY OR CREMATORY Issue Cemetery — LOCATION (City, town, or county) (State) Issue, Md. Chas Co. Md

DATE REC'D BY LOCAL REGISTRAR 1-21-54 — REGISTRAR'S SIGNATURE P. J. Beanford

24. FUNERAL DIRECTOR Thomas F. Reid — ADDRESS

VS. A15

RECEIVED
JAN 26 19
BUREAU V. S.

0882

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown — LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park — STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Gertrude — (Middle) Elsie — (Last) Hall
4. DATE OF DEATH: (Month) Jan — (Day) 30 — (Year) 19 54
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Apr 1925
9. AGE last birthday: 33 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Fishing
11. BIRTHPLACE (State or foreign country): Md St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Herman Hall
14. MOTHER'S MAIDEN NAME: Lena Latham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO. 772-53-8160
17. INFORMANT AND ADDRESS: Mrs Elizabeth Hall Leonardtown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Trauma.
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Subarachnoid hemorrhage, multiple lacerations of trunk.

19a. DATE OF OPERATION: 1/1/54 — 19b. MAJOR FINDINGS OF OPERATION: None performed — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT, HOMICIDE OR SUICIDE — PRIMARY OR CONTRIBUTING CAUSE OF DEATH — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Private Road — (CITY OR TOWN) Piney Point — (COUNTY) St Mary's — (STATE) Md
TIME OF INJURY: Month 1 — Day 18 — Year 54 — Hour 9 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY occur? Auto accident, overturned on highway

22 I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
Wm L Dr. M.D. — Leonardtown Md — 1/21/54

CREMATION — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)
Burial — 1-28-54 — M E cemetery — St Inigoes Md

DATE RECD BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE — 21. FUNERAL DIRECTOR — ADDRESS
1/22/54 — Wm L Dr. Hamer — [illegible] Funeral Home — Leonardtown Md

RECEIVED
JAN 23 1
BUREAU V. S.

0883

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville X
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) DONALD (Last) ROBINETTE

4. DATE OF DEATH: (Month) 1 (Day) 16 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept. 4 1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Flintstone Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Neil Robinette
14. MOTHER'S MAIDEN NAME: Louise O'Rourke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ?
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Edie Wilson Mechanicsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

526X

Immediate cause (a) Hypostatic pneumonia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardiac decompensation - cor pulmonale

DUE TO

(c) Bronchiectasis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Osteoporosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1953, to Jan 16, 1954, that I last saw the deceased alive on Jan 16, 1954, and that death occurred at 5:40AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) J Roy Guyther, M.D. ADDRESS Mechanicsville, Md. DATE SIGNED 1/16/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 1/18/54 NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery LOCATION (City, town, or county) (State) Flintstone Maryland
DATE REC'D BY LOCAL REGISTRAR 1-16-54 REGISTRAR'S SIGNATURE M L Monroe Eleanor Cantor mmt.
24. FUNERAL DIRECTOR Hunt & Tyson Waldorf Md ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 21 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 780

1. PLACE OF DEATH: COUNTY ST. MARY'S MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEONARDTOWN
LENGTH OF STAY (In this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS ST. MARYS HOSP LEONARDTOWN

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ST. MARY'S
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ST. INIGOES
STREET ADDRESS (If rural, give location) RURAL

3. NAME OF DECEASED (Type or Print) (First) DONALD (Middle) EUGENE (Last) SMALLWOOD
4. DATE OF DEATH (Month) 1 (Day) 13 (Year) 1954
5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH APRIL 3, 1953
9. AGE last birthday yrs. If under 1 year Months 9 Days 10 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME JAMES ELMER SMALLWOOD
14. MOTHER'S MAIDEN NAME EDITH MARIE BALL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS FATHER - ST. INIGOES, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

772 x

Immediate cause (a) Acute debilitation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mal nutrition - Pneumonia

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5, 1954, to 1-13, 1954, that I last saw the deceased alive on 1-12, 1954, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] Gadeau, M.D. Lexington Park, Md 1-13-54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 1-13-54
NAME OF CEMETERY OR CREMATORY Mt. Zion M.E. Cem.
LOCATION (City, town, or county) (State) ST. INIGOES, Md.

DATE REC'D BY LOCAL REG. 1-14-54
REGISTRAR'S SIGNATURE [illegible] D. [illegible], M.D.
24. FUNERAL DIRECTOR K.B. Robinson ADDRESS Leonardtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Morganza X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Morganza
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Jane (Middle) Catherine (Last) Stewart

4. DATE OF DEATH: (Month) Jan (Day) 1 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	Colored	Widowed	Oct 30 1869	84				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home Wife		Maryland St Mary's	U. S. A.

13. FATHER'S NAME: Robert Butler

14. MOTHER'S MAIDEN NAME: Margaret [redacted] Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	—	—	Mrs Cathleen Young Morganza Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause: 420.1 (a) Coronary Occlusion — 4 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arterio Sclerosis — 5 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac failure — 6 mos

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1/53, 19 53, to 1/1/54, 19 54, that I last saw the deceased alive on 12/25, 1953, and that death occurred at 1.20 P.M., from the causes and on the date stated above.

SIGNATURE [redacted] (Degree or title) — ADDRESS Leonardtown — DATE SIGNED 1/1/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 4, 54	St Joseph	Morganza	Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 4-54	Alex D. Hayden M.D.	Jos C. Mattingley	Leonardtown Md

RECEIVED
JAN 7 1974
BUREAU

6883

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY St Marys — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and (give nearest town) Leonardtown X

LENGTH OF STAY (in this place) 25 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY St Marys

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clements

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) Edward (Last) Stone

4. DATE OF DEATH: (Month) Jan (Day) 11 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Dec 5-1872

9. AGE (last birthday): 81 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer owne farm

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Louis B. Stone

14. MOTHER'S MAIDEN NAME: Mary Emma Herbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs Albert Edward Stone Clements Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Hypostatic pneumonia — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Generalized arteriosclerosis and Senile psychosis — 4 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 1948, to Jan 11, 1954, that I last saw the deceased alive on Jan 11, 1954, and that death occurred at 6:20 P.M. from the causes and on the date stated above.

SIGNATURE J. Coy Guthrie, M.D. — ADDRESS Mechanicsville — DATE SIGNED 1/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan 14-1954 — NAME OF CEMETERY OR CREMATORY Sacred Heart — LOCATION (City, town, or county) Bushwood St Mays (State) Md

DATE REC'D BY LOCAL REGISTRAR 1/13/54 — REGISTRAR'S SIGNATURE Alan DeLauer

24. FUNERAL DIRECTOR Jos C. Mattingley — ADDRESS Leonardtown Md

D.

RECEIVED
JAN 31 1914
BUREAU V. S.

M 0887

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00863

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown X
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Clement Md COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Leonardtown~~ Md. X
STREET ADDRESS (If rural give location) Clements

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) (Last) Tyler

4. DATE OF DEATH: (Month) 1 (Day) 6 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH:

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Hospital Chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 1 wk

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension — 10 years

DUE TO

260X (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus 10 years

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953., to Jan 6, 1954., that I last saw the deceased alive on Jan 6., 1954, and that death occurred at 1115 PM., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm D Boyd MD ADDRESS Leonardtown DATE SIGNED 1/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Jan 11, 54 NAME OF CEMETERY OR CREMATORY Payne Cemetery LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 1/7/54 REGISTRAR'S SIGNATURE Alan D. Houser, M.D. 24. FUNERAL DIRECTOR AND ADDRESS Frazier's Funeral Home 3899 R.I. Ave. NW. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 11 1954
BUREAU V. S.

Item 18 Film G161 2/19/54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00864

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY ST. MARY'S

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X

LENGTH OF STAY (in this place) MARYLAND

HOSPITAL OR INSTITUTION OR STREET ADDRESS INFIRMARY, USNAS PATUXENT RIVER, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY ST. MARY'S

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEXINGTON PARK, MARYLAND X

STREET ADDRESS (If rural give location) 477 CHINLEE DR

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
KEITH	FRANCIS	WATT	JAN.	17	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
MALE	WHITE	SINGLE	1-14-54			3		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
		MARYLAND	ST. MARY'S

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
DONALD E. WATT	VERNA KUSS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
N		U S Navy Patuxent River, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

491X

Immediate cause (a) Confluent Lobular pneumonia, bilateral

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) AUTOPSY PENDING

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
-		Yes X No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-14, 1954, to 1-17, 1954, that I last saw the deceased alive on 1-17-, 1954, and that death occurred at 0215 1-17-54, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
L.E. HERRMANN CDR MC USN	INFIRMARY, USNAS PATUXENT RIVER, MD.	1-17-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	1-18-54	Bethesda Hospital	Bethesda	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-18-54	P.J. Beam, M.D.	U.S. Navy	Patuxent River, Md.

VS. A15

2014191426

RECEIVED
JAN 20 1954
BUREAU V. S.